i i	ELEC	CTRI	CAI	_ APPLICATION		ake check the Juriso			
	Great Lakes Energy 🗖			DATE		1575 142nd Avenue Dorr, MI 49323			
PERMIT NO	Consumer's	Energy F	Request	t #		16) 877-20			
Job Location			-						
Owner					JOB	3:			
Address					ERCIA	L: NEW C	REMO	DDEL C	
City		State	Z	Zip RESIDE	ENTIA	L: NEW C	REMO	DEL C	
Phone No. (Home)			(Busine	ess)					
COMMERCIAL & RESI	DENTIAL RE	MODEL		BLDG. PE	CRMI	T NO.			
ELECTRICAL PERMIT FEE SCHEDU	Per Unit	Number	FEE	]					
Permit base fee (non-refundable, no inspections include	ed) 40.00	1	40.00	☐ Please send jurisdiction maps.					
Final Inspection ,	40.00			☐ Please send permit	t forms	S.			
Rough In Inspections,	40,00								
Re-inspection	40.00					Per Unit	Number	FEE	
Inderground/Pool Bonding	40.00			K.V.A. & H.P., each up to 20 K.V.A. or H.P.	102000	4.00			
Additional Inspection.	40.00			over 20 K.V.A. or H.P		8.00			
nspections, hourly rate	50,00			Fire alarms up to 10 stations and horns		50,00			
Electrical Services thru 600 amp Permanent and Temp	20.00			11 to 20 stations and horns		100,00			
600 amp – 800 amp				over 20 stations and horns, eac		5,00			
Over 800 amp	AVA ASCRETER			-			OTAL FEE		
Sub Panel	HIDANIE HIPENING			_			OIAL FEE		
Dircuits, each.				NEW RESIDENTIAL					
ight fixtures per 25 and fraction thereof				New Single Family Dwelling		160,00			
Dishwasher, garbage disposal, and range hood, each				Duplex		210,00			
Furnace, unit heaters				Special inspections not requiring permits		75,00			
Power outlets (including ranges, dryers, etc.), each				-		7	OTAL FEE		
Exhaust and ventilation fans						•	OME PEE		
Signs, per circuit	9900000			Places itemize wh	an IIa	ing flat ra	too for		
eeders, bus ducts, etc per 50 ft & fraction thereof				Please itemize wh				<b>61</b> 1110	
Nobile home park site, each				One & Two Family Residence	e. (CH	ECK NU.	CULUMN	UNLY)	
Recreational vehicle park site, each	4.00			If work is started befo	re po	ermit is	applied	for.	
	Т	OTAL FEE		an additional fe				,	
CONTRACTOR				EMAIL					
NAME				TELEPHONE NO.					
	CITY								
LICENSE NO.				EXPIRATIO	N DATE				
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION					OYED YEES				
	WORKERS COMP. INSURANCE CARRIER OR REASON FOR EXEMPTION								
				1 = = .	YEES	-			